

01-16-01

J-1968 U. S. PTO
01/12/01

UTILITY PATENT APPLICATION TRANSMITTAL

(Only for new nonprovisional applications under 37 CFR 1.53(b))

Attorney Docket No. 7914M

First Inventor or Application Identifier

Hammersky, et al

Title Vase-Added Compartmentalized Plant
and Flow Mixture Transpiration Rates

Express Mail Label No. EF 182966047 US

APPLICATION ELEMENTS

See MPEP Chapter 600 concerning utility patent application contents.

ADDRESS TO: Commissioner for Patents
Box Patent Application
Washington, D.C. 20231

1. Fee Transmittal Form (e.g., PTO/SB/17)
(Submit an original, and a duplicate for fee processing)
2. Applicant claims small entity status
(see 37 CFR §1.27)
3. Specification Total Pages [19]
(preferred arrangement set forth below)
 - Descriptive Title of the Invention
 - Cross References to Related Applications
 - Statement Regarding Fed sponsored R&D
 - Reference to sequence listing, a table, or a computer program listing appendix
 - Background of the Invention
 - Brief Summary of the Invention
 - Brief Description of the Drawings *(if filed)*
 - Detailed Description
 - Claim(s)
 - Abstract of the Disclosure
4. Drawing(s) (35 USC §113) Total Sheets []
5. Oath or Declaration Total pages []
 - a. Newly executed (original or copy)
 - b. Copy from a prior application (37 CFR §1.63(d))
(for continuation/divisional with Box 17 complete)
 - i. **DELETION OF INVENTORS**
Signed statement attached deleting
inventor(s) named in the prior
application, see 37 CFR §§1.63(d)(2) and
1.33(b).
6. Application Data Sheet. See 37 CFR §1.76
17. If a **CONTINUING APPLICATION**, check appropriate box and supply the requisite information below and in the preliminary amendment, or in an Application Data Sheet under 37 CFR §1.76:

Continuation Divisional Continuation-in-part (CIP) of prior application No. /

Prior application information: Examiner: _____ Group/Art Unit: _____

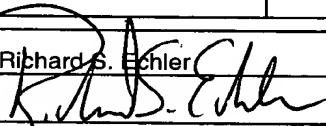
For **CONTINUATION OR DIVISIONAL APPS** only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.

ACCOMPANYING APPLICATION PARTS

9. Assignment Papers (cover sheet & document(s))
10. 37 CFR 3.73(b) Statement Power of Attorney
(when there is an assignee)
11. English Translation Document *(if applicable)*
12. Information Disclosure Copies of IDS Statement (IDS)/PTO-1449 Citations
13. Preliminary Amendment
14. Return Receipt Postcard (MPEP 503)
(Should be specifically itemized)
15. Certified Copy of Priority Document(s)
(if foreign priority is claimed)
16. Other: _____

17. CORRESPONDENCE ADDRESS

| | | | | | | |
|--|------------------------------|--|--------------|----------|---|--|
| <input type="checkbox"/> Customer Number or Bar Code Label | | Insert Customer No. or Attach bar code label here) | | | or <input checked="" type="checkbox"/> Correspondence address below | |
| NAME | Richard S. Echler | | | | | |
| | The Procter & Gamble Company | | | | | |
| ADDRESS | Miami Valley Laboratories | | | | | |
| | P. O. Box 538707 | | | | | |
| CITY | Cincinnati | STATE | Ohio | ZIP CODE | 45253-8707 | |
| COUNTRY | USA | TELEPHONE | 513-627-0079 | FAX | 513-627-0079 | |

| | | | |
|-------------------|---|--------------------------|-----------|
| Name (Print/Type) | Richard S. Echler | Registration No. (Agent) | 41,006 |
| Signature |  | Date | 1/12/2001 |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number

FEE TRANSMITTAL for FY 2001

Patent fees are subject to annual revision.

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|---|------|---------------------------|----------------------------|-------|
| FEE TRANSMITTAL for FY 2001 | | Complaint if Known | | |
| Application Number Filing Date First Named Inventor Examiner Name Group/Art Unit | | To be determined | | |
| | | 01/12/2001 | | |
| | | Hamarsky, tal | | |
| | | To be determined | | |
| | | To be determined | | |
| TOTAL AMOUNT OF PAYMENT | (\$) | 1328.00 | Attorney Docket No. | 7914M |

| METHOD OF PAYMENT (check one) | | FEES CALCULATION (continued) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| 1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account Number 16-2480 Deposit Account Name The Procter & Gamble Company <input checked="" type="checkbox"/> Charge Any Additional Fee <input type="checkbox"/> Applicant claims small entity status. See 37 CFR §127 Required Under 37 C.F.R. §§1.16 and 1.17 | | 3. ADDITIONAL FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee</th> <th style="text-align: left;">Entity Fee</th> <th style="text-align: left;">Small Entity Fee</th> <th style="text-align: left;">Entity Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>105</td><td>130</td><td>205</td><td>65</td><td>Surcharge - late filing fee or oath</td><td><input type="checkbox"/></td></tr> <tr><td>127</td><td>50</td><td>227</td><td>25</td><td>Surcharge - late provisional filing fee or cover sheet</td><td><input type="checkbox"/></td></tr> <tr><td>139</td><td>130</td><td>139</td><td>130</td><td>Non-English specification</td><td><input type="checkbox"/></td></tr> <tr><td>147</td><td>2,520</td><td>147</td><td>2,520</td><td>For filing a request for ex parte reexamination</td><td><input type="checkbox"/></td></tr> <tr><td>112</td><td>920*</td><td>112</td><td>920*</td><td>Requesting publication of SIR prior to Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>113</td><td>1,840*</td><td>113</td><td>1,840*</td><td>Requesting publication of SIR after Examiner's action</td><td><input type="checkbox"/></td></tr> <tr><td>115</td><td>110</td><td>215</td><td>55</td><td>Extension for reply within 1st month</td><td><input type="checkbox"/></td></tr> <tr><td>116</td><td>390</td><td>216</td><td>195</td><td>Extension for reply within 2nd month</td><td><input type="checkbox"/></td></tr> <tr><td>117</td><td>890</td><td>217</td><td>445</td><td>Extension for reply within 3rd month</td><td><input type="checkbox"/></td></tr> <tr><td>118</td><td>1,390</td><td>218</td><td>695</td><td>Extension for reply within 4th month</td><td><input type="checkbox"/></td></tr> <tr><td>128</td><td>1,890</td><td>228</td><td>945</td><td>Extension for reply within 5th month</td><td><input type="checkbox"/></td></tr> <tr><td>119</td><td>310</td><td>219</td><td>155</td><td>Notice of Appeal</td><td><input type="checkbox"/></td></tr> <tr><td>120</td><td>310</td><td>220</td><td>155</td><td>Filing a brief in support of an appeal</td><td><input type="checkbox"/></td></tr> <tr><td>121</td><td>270</td><td>221</td><td>135</td><td>Request for oral hearing</td><td><input type="checkbox"/></td></tr> <tr><td>138</td><td>1,510</td><td>138</td><td>1,510</td><td>Petition to institute a public use proceeding</td><td><input type="checkbox"/></td></tr> <tr><td>140</td><td>110</td><td>240</td><td>55</td><td>Petition to revive - unavoidable</td><td><input type="checkbox"/></td></tr> <tr><td>141</td><td>1,240</td><td>241</td><td>620</td><td>Petition to revive - unintentional</td><td><input type="checkbox"/></td></tr> <tr><td>142</td><td>1,240</td><td>242</td><td>620</td><td>Utility issue fee (or reissue)</td><td><input type="checkbox"/></td></tr> <tr><td>143</td><td>440</td><td>243</td><td>220</td><td>Design issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>144</td><td>600</td><td>244</td><td>300</td><td>Plant issue fee</td><td><input type="checkbox"/></td></tr> <tr><td>122</td><td>130</td><td>122</td><td>130</td><td>Petitions to the Commissioner</td><td><input type="checkbox"/></td></tr> <tr><td>123</td><td>50</td><td>123</td><td>50</td><td>Petitions related to provisional applications</td><td><input type="checkbox"/></td></tr> <tr><td>126</td><td>240</td><td>126</td><td>240</td><td>Submission of IDS</td><td><input type="checkbox"/></td></tr> <tr><td>581</td><td>40</td><td>581</td><td>40</td><td>Recording each patent assignment per property (times number of properties)</td><td><input type="checkbox"/></td></tr> <tr><td>146</td><td>710</td><td>246</td><td>355</td><td>Filing a submission after final rejection (37 CFR § 1.129(a))</td><td><input type="checkbox"/></td></tr> <tr><td>149</td><td>710</td><td>249</td><td>355</td><td>For each additional invention to be examined (37 CFR § 1.129(b))</td><td><input type="checkbox"/></td></tr> <tr><td>179</td><td>710</td><td>279</td><td>355</td><td>Request for Continued Examination (RCE)</td><td><input type="checkbox"/></td></tr> <tr><td>169</td><td>710</td><td>249</td><td>355</td><td>Request for expedited examination of a design application</td><td><input type="checkbox"/></td></tr> <tr><td colspan="4" style="text-align: left; padding: 5px;">Other fee (specify) _____</td><td colspan="2" style="text-align: left; padding: 5px;"><input type="checkbox"/></td></tr> <tr><td colspan="4" style="text-align: left; padding: 5px;">Other fee (specify) _____</td><td colspan="2" style="text-align: left; padding: 5px;"><input type="checkbox"/></td></tr> </tbody> </table> | | Large Entity Fee | Entity Fee | Small Entity Fee | Entity Fee | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | | 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | <input type="checkbox"/> | 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="checkbox"/> | 139 | 130 | 139 | 130 | Non-English specification | <input type="checkbox"/> | 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination | <input type="checkbox"/> | 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | 115 | 110 | 215 | 55 | Extension for reply within 1 st month | <input type="checkbox"/> | 116 | 390 | 216 | 195 | Extension for reply within 2 nd month | <input type="checkbox"/> | 117 | 890 | 217 | 445 | Extension for reply within 3 rd month | <input type="checkbox"/> | 118 | 1,390 | 218 | 695 | Extension for reply within 4 th month | <input type="checkbox"/> | 128 | 1,890 | 228 | 945 | Extension for reply within 5 th month | <input type="checkbox"/> | 119 | 310 | 219 | 155 | Notice of Appeal | <input type="checkbox"/> | 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | <input type="checkbox"/> | 121 | 270 | 221 | 135 | Request for oral hearing | <input type="checkbox"/> | 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | 140 | 110 | 240 | 55 | Petition to revive - unavoidable | <input type="checkbox"/> | 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | <input type="checkbox"/> | 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | <input type="checkbox"/> | 143 | 440 | 243 | 220 | Design issue fee | <input type="checkbox"/> | 144 | 600 | 244 | 300 | Plant issue fee | <input type="checkbox"/> | 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | 123 | 50 | 123 | 50 | Petitions related to provisional applications | <input type="checkbox"/> | 126 | 240 | 126 | 240 | Submission of IDS | <input type="checkbox"/> | 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> | 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | <input type="checkbox"/> | 169 | 710 | 249 | 355 | Request for expedited examination of a design application | <input type="checkbox"/> | Other fee (specify) _____ | | | | <input type="checkbox"/> | | Other fee (specify) _____ | | | | <input type="checkbox"/> | |
| Large Entity Fee | Entity Fee | Small Entity Fee | Entity Fee | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 105 | 130 | 205 | 65 | Surcharge - late filing fee or oath | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 127 | 50 | 227 | 25 | Surcharge - late provisional filing fee or cover sheet | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 139 | 130 | 139 | 130 | Non-English specification | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 147 | 2,520 | 147 | 2,520 | For filing a request for ex parte reexamination | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 112 | 920* | 112 | 920* | Requesting publication of SIR prior to Examiner's action | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 113 | 1,840* | 113 | 1,840* | Requesting publication of SIR after Examiner's action | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 115 | 110 | 215 | 55 | Extension for reply within 1 st month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 116 | 390 | 216 | 195 | Extension for reply within 2 nd month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 117 | 890 | 217 | 445 | Extension for reply within 3 rd month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 118 | 1,390 | 218 | 695 | Extension for reply within 4 th month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 128 | 1,890 | 228 | 945 | Extension for reply within 5 th month | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 119 | 310 | 219 | 155 | Notice of Appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 120 | 310 | 220 | 155 | Filing a brief in support of an appeal | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 121 | 270 | 221 | 135 | Request for oral hearing | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 138 | 1,510 | 138 | 1,510 | Petition to institute a public use proceeding | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 140 | 110 | 240 | 55 | Petition to revive - unavoidable | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 141 | 1,240 | 241 | 620 | Petition to revive - unintentional | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 142 | 1,240 | 242 | 620 | Utility issue fee (or reissue) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 143 | 440 | 243 | 220 | Design issue fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 144 | 600 | 244 | 300 | Plant issue fee | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 122 | 130 | 122 | 130 | Petitions to the Commissioner | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 123 | 50 | 123 | 50 | Petitions related to provisional applications | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 126 | 240 | 126 | 240 | Submission of IDS | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 581 | 40 | 581 | 40 | Recording each patent assignment per property (times number of properties) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 146 | 710 | 246 | 355 | Filing a submission after final rejection (37 CFR § 1.129(a)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 149 | 710 | 249 | 355 | For each additional invention to be examined (37 CFR § 1.129(b)) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 179 | 710 | 279 | 355 | Request for Continued Examination (RCE) | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 169 | 710 | 249 | 355 | Request for expedited examination of a design application | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Other fee (specify) _____ | | | | <input type="checkbox"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 2. <input type="checkbox"/> Payment Enclosed: | <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> Other | | 4. BASIC FILING FEE <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee</th> <th style="text-align: left;">Entity Fee</th> <th style="text-align: left;">Small Entity Fee</th> <th style="text-align: left;">Fee Description</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td>101</td><td>710</td><td>201</td><td>355</td><td>Utility filing fee [710.00]</td></tr> <tr><td>106</td><td>320</td><td>206</td><td>160</td><td>Design filing fee</td></tr> <tr><td>107</td><td>490</td><td>207</td><td>245</td><td>Plant filing fee</td></tr> <tr><td>108</td><td>710</td><td>208</td><td>355</td><td>Reissue filing fee</td></tr> <tr><td>114</td><td>150</td><td>214</td><td>75</td><td>Provisional filing fee</td></tr> <tr><td colspan="4" style="text-align: right; padding: 5px;">SUBTOTAL (1)</td><td style="text-align: right; padding: 5px;">(\$)[710.00]</td></tr> </tbody> </table> | | Large Entity Fee | Entity Fee | Small Entity Fee | Fee Description | Fee Paid | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | | 101 | 710 | 201 | 355 | Utility filing fee [710.00] | 106 | 320 | 206 | 160 | Design filing fee | 107 | 490 | 207 | 245 | Plant filing fee | 108 | 710 | 208 | 355 | Reissue filing fee | 114 | 150 | 214 | 75 | Provisional filing fee | SUBTOTAL (1) | | | | (\$)[710.00] | 5. EXTRA CLAIM FEES <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Total Claims</th> <th style="text-align: left;">Fee From</th> <th style="text-align: left;">Extra Claims Below</th> <th style="text-align: left;">Fee Paid</th> </tr> <tr> <th>Independent Claims</th> <th>[41] - 20** = [21] x [18] = [378]</th> <th></th> <th></th> </tr> <tr> <th>Multiple Dependent</th> <th>[6] - 3** = [3] x [80] = [240]</th> <th></th> <th></th> </tr> </thead> <tbody> <tr><td colspan="4" style="text-align: left; padding: 5px;">** or number previously paid, if greater; For Reissues, see below</td></tr> <tr> <td colspan="4" style="text-align: left; padding: 5px;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee</th> <th style="text-align: left;">Entity Fee</th> <th style="text-align: left;">Small Entity Fee</th> <th style="text-align: left;">Fee Description</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td></tr> <tr><td colspan="4" style="text-align: right; padding: 5px;">SUBTOTAL (2)</td></tr> <tr><td colspan="4" style="text-align: right; padding: 5px;">(\$)[618.00]</td></tr> </tbody> </table> </td> </tr> </tbody> </table> | | Total Claims | Fee From | Extra Claims Below | Fee Paid | Independent Claims | [41] - 20** = [21] x [18] = [378] | | | Multiple Dependent | [6] - 3** = [3] x [80] = [240] | | | ** or number previously paid, if greater; For Reissues, see below | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee</th> <th style="text-align: left;">Entity Fee</th> <th style="text-align: left;">Small Entity Fee</th> <th style="text-align: left;">Fee Description</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td></tr> <tr><td colspan="4" style="text-align: right; padding: 5px;">SUBTOTAL (2)</td></tr> <tr><td colspan="4" style="text-align: right; padding: 5px;">(\$)[618.00]</td></tr> </tbody> </table> | | | | Large Entity Fee | Entity Fee | Small Entity Fee | Fee Description | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | 103 | 18 | 203 | 9 | 102 | 80 | 202 | 40 | 104 | 270 | 204 | 135 | 109 | 80 | 209 | 40 | 110 | 18 | 210 | 9 | SUBTOTAL (2) | | | | (\$)[618.00] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee | Entity Fee | Small Entity Fee | Fee Description | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 101 | 710 | 201 | 355 | Utility filing fee [710.00] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 106 | 320 | 206 | 160 | Design filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 107 | 490 | 207 | 245 | Plant filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 108 | 710 | 208 | 355 | Reissue filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 114 | 150 | 214 | 75 | Provisional filing fee | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (1) | | | | (\$)[710.00] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Total Claims | Fee From | Extra Claims Below | Fee Paid | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Independent Claims | [41] - 20** = [21] x [18] = [378] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Multiple Dependent | [6] - 3** = [3] x [80] = [240] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ** or number previously paid, if greater; For Reissues, see below | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Large Entity Fee</th> <th style="text-align: left;">Entity Fee</th> <th style="text-align: left;">Small Entity Fee</th> <th style="text-align: left;">Fee Description</th> </tr> <tr> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th>Fee Code (\$)</th> <th></th> </tr> </thead> <tbody> <tr><td>103</td><td>18</td><td>203</td><td>9</td></tr> <tr><td>102</td><td>80</td><td>202</td><td>40</td></tr> <tr><td>104</td><td>270</td><td>204</td><td>135</td></tr> <tr><td>109</td><td>80</td><td>209</td><td>40</td></tr> <tr><td>110</td><td>18</td><td>210</td><td>9</td></tr> <tr><td colspan="4" style="text-align: right; padding: 5px;">SUBTOTAL (2)</td></tr> <tr><td colspan="4" style="text-align: right; padding: 5px;">(\$)[618.00]</td></tr> </tbody> </table> | | | | Large Entity Fee | Entity Fee | Small Entity Fee | Fee Description | Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | 103 | 18 | 203 | 9 | 102 | 80 | 202 | 40 | 104 | 270 | 204 | 135 | 109 | 80 | 209 | 40 | 110 | 18 | 210 | 9 | SUBTOTAL (2) | | | | (\$)[618.00] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Large Entity Fee | Entity Fee | Small Entity Fee | Fee Description | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Fee Code (\$) | Fee Code (\$) | Fee Code (\$) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 103 | 18 | 203 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 102 | 80 | 202 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 104 | 270 | 204 | 135 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 109 | 80 | 209 | 40 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 110 | 18 | 210 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SUBTOTAL (2) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (\$)[618.00] | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| * Reduced by Basic Filing Fee Paid | | | | SUBTOTAL(3) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

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|---------------------|---|---------------------------------|--------|-----------|
| SUBMITTED BY | | Complete (if applicable) | | |
| Name (Print/Type) | Richard S. Echler | Registration No. (Agent) | 41,006 | Telephone |
| Signature |  | | | Date |

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